

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004617

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 97

FILED JAN 25 1963

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Velda Village</u> | | c. CITY OR TOWN <u>Velda Village</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6918 Normandale</u> | | d. STREET ADDRESS (If outside, give location) <u>6918 Normandale</u> | |

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|--|----------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Wallace H. Part</u> | | | 4. DATE OF DEATH Month Day Year <u>1-9-1963</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-1-1896</u> | 9. AGE (last birthday) <u>66</u> | 10. IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchman (Retired)</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Kearney Elec</u> | | 11. BIRTHPLACE (City and state or country) <u>ST. Louis, Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>USA.</u> | | 13a. FATHER'S NAME <u>Henry Part</u> | | 13b. MOTHER'S MAIDEN NAME <u>Donna Johnson</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Loretta</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>WW I</u> | | 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | |
| 17. INFORMANT <u>Loretta Part</u> | | 18. ADDRESS <u>6918 Normandale</u> | | 19. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>[REDACTED]</u> | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Previous Myocardial Infarcts</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u> | |
| 20c. TIME OF INJURY Hour a.m. p.m. <u>None</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u> | | 20f. CITY, TOWN, OR LOCATION <u>ST. Louis Co</u> | |
| 21. I attended the deceased from <u>1-1-52</u> to <u>1-9-63</u> and last saw him alive on <u>1-7-63</u> | | 22. SIGNATURE (Deceased or title) <u>McE. Stachle</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>1-12-1963</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon</u> | | 23d. LOCATION (City, town, or county) (State) <u>ST. Louis Co Mo</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>O'SULLIVAN-MUCKLE-KRON MORTUARY</u> | | 25. DATE RECD. BY LOCAL REG. <u>1-11-63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>John B. Murphy</u> | | 27. DATE SIGNED <u>1-11-63</u> | |

8806 JENNINGS ROAD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

On Stable
7124 Natl Bridge
9-11

ISSUED BY THE BOARD OF EXAMINERS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Albert Mayfield

Licensed Embalmer No.

3077

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.